

EXHIBIT A

SEP 25 2015

September 21, 2015

To Whom It May Concern:

I, Joan Smallwood, have reason to believe that the product, Monee Free Triple, purchased at Costco on Jan. 26, 2014 altered my life (to this day) in a very negative way.

I object to the tentative settlement, and strongly believe that Schiff Pharmaceutical Co. owes me more; at the very least, coverage of doctor bills, not to mention the mental frustration and anguish that occurred at the time, and since then.

I cannot afford "personal counsel", and will not appear at the Fairness Hearing.

Joan J. Smallwood (JOAN T. SMALLWOOD)
1415 Bush Lake Drive - Glen Allen, Va. 23060
(804) 349-3838

ENC: 3



I am making a claim based upon **Adequate Proof of Purchase**, which I have enclosed with this Claim Form (\$10 Per Bottle, Maximum of 5 Bottles per Household)

Mark the number of Adequate Proofs of Purchase you are enclosing:

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

☐ I am making a claim **without** Adequate Proof of Purchase (\$3 Per Bottle, Maximum of 4 Bottles per Household)

For each Covered Product *without* Adequate Proof of Purchase, please complete the table below:

1	Product Name: <i>(Schiff) Move Free Triple</i>	Store Name: <i>Costco</i>	Store Location (City/State): <i>Richmond, VA.</i>
2	Product Name:	Store Name:	Store Location (City/State):
3	Product Name:	Store Name:	Store Location (City/State):
4	Product Name:	Store Name:	Store Location (City/State):

C. **CERTIFICATION**

I state under the penalty of perjury that:

- I am a resident of the United States;
- I purchased one or more of the Covered Products between January 1, 2005 and May 27, 2015;
- These Covered Products were not purchased for purposes of resale or distribution;
- I am not (i) an officer, director, employee, agent, representative, or attorney of Schiff or its respective affiliates; (ii) an immediate family member of someone in subparagraph (i); or (iii) a judge or an immediate family member of a judge assigned to *Luis Lerma v. Schiff Nutrition International, Inc., et al.*, No. 3:11-cv-01056 (S.D. Cal.) or *Jayson v. Schiff Nutrition International, Inc., et al.*, No. 0:13-cv-60400-RSR (S.D. Fla.);
- I have not requested exclusion from the Settlement, or, if I have requested exclusion from the Settlement, I acknowledge that the submission of this Claim Form rescinds my request for exclusion and reinstates me as a Settlement Class Member; and
- I have read this Claim Form and the foregoing statements made and information provided in this Claim Form, and the information, documentation or letters I may submit in support of my claim, are true, correct and complete to the best of my knowledge and belief.

Dated (mm/dd/yyyy): *Sept. 21, 2015* Signature: *Joan Smallwood*

Printed Name: *JOAN SMALLWOOD*

THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN SEPTEMBER 24, 2015.

Please keep a copy of your completed Claim Form and any Adequate Proof of Purchase for your records.

Mail your completed Claim Form to:
Schiff Nutrition International Consumer Settlement Administration
P.O. Box 43352
Providence, RI 02940-3352

If you fail to provide all the requested information your claim may be denied and you will not receive a Cash Award from this Settlement.



Warehouse: 205
 Sales Date: 1/26/14 Reg#: 8 Trans Type: Tender
 Time: 13:15 Tran#: 116 Tender:
 Total: 75.72 Operator: 42 Block:
 Member #: 000111768110930 SMALLWOOD, JOAN T Mbr Type: Gold Star
 Tax: 3.99 Resale Total:

FSA/

EBT	Item Description	Amount	Units
	572144 GV WMN AMANDA JEAN	15.99	1
	663597 LIFETIME KITCHENAID SS	29.99	1
	CPN/663597 2100000935895	5.00-	1-
E	40249 CHICKEN ALFREDO	15.36	1
	CPN/40249 2100000896783	3.00-	1-
F	768165 SCHIFF MOVE FREE TRIPLE	23.39	1
	CPN/SCHIFF 2100000898510	5.00-	1-
	Debit Card	75.72	

*** END OF REPORT ***

Joan Smallwood
4115 Bush Lake Dr.
Glen Allen VA 23060

RICHMOND VA 230

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